

CHAPTER 3

SECTION 2.11

STEREOTAXIC (STEREOTACTIC) BREAST BIOPSY

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I. PROCEDURE CODES

19100, 76095

Stereotaxic (stereotactic) breast biopsy involves inserting a needle into a suspicious lump in a breast to obtain a tissue sample. The biopsy needle is attached to an automated high speed injection gun mounted on a special mammography machine. The mammography machine is used to guide the placement of the biopsy needle. Two separate mammograms are taken at angles to each other. A computer then uses the two images to calculate the exact position of the lump.

Once the exact position of the lesion is determined, the needle is inserted into the breast. The injection gun is fired several times to remove samples from different portions of the lesion. Samples are then sent to a pathologist for evaluation. If the lump is determined to be benign, further surgery would not be necessary. If malignant, then a surgical lumpectomy or mastectomy would need to be performed to remove the cancer.

II. POLICY

Needle-core biopsy of any palpable or nonpalpable breast lesion may be cost-shared.

III. POLICY CONSIDERATIONS

A. This procedure is also appropriate for the evaluation of dense coarse types of calcification that are commonly associated with cancer which would have been previously referred for surgical biopsy.

B. A surgical biopsy may be preferable when a mammogram or physical examination detects an abnormality that is potentially cancerous and will have to be removed anyway. If the abnormality is not immediately conclusive-which happens frequently, stereotaxic breast biopsy offers a comparable technique to open surgical biopsy and is associated with less morbidity than surgical biopsy.

C. The device used in conjunction with the biopsy must be FDA approved.

IV. EXCLUSION

Fine needle aspiration (FNA) is not as beneficial or reliable as core biopsy or open surgical biopsy for nonpalpable breast lesions. FNA samples only single cells or small clumps of cells. Consequently, the specimen is inadequate to make a diagnosis of ductal carcinoma-in-situ or to determine the degree of disease invasion.

V. EFFECTIVE DATE **August 1, 1995.**

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